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     3 DEC 21
                IPC reform
                New IPC8 SEARCH, DISPLAY, and SELECT fields in USPATFULL/
NEWS 4 DEC 23
                USPAT2
                IPC 8 searching in IFIPAT, IFIUDB, and IFICDB
NEWS 5 JAN 13
                New IPC 8 SEARCH, DISPLAY, and SELECT enhancements added to
NEWS 6 JAN 13
                INPADOC
                Pre-1988 INPI data added to MARPAT
NEWS 7 JAN 17
     8
                IPC 8 in the WPI family of databases including WPIFV
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        JAN 17
                Saved answer limit increased
NEWS 9 JAN 30
                Monthly current-awareness alert (SDI) frequency
NEWS 10 JAN 31
                added to TULSA
                STN AnaVist, Version 1.1, lets you share your STN AnaVist
NEWS 11 FEB 21
                visualization results
                Status of current WO (PCT) information on STN
NEWS 12 FEB 22
                The IPC thesaurus added to additional patent databases on STN
NEWS 13 FEB 22
                Updates in EPFULL; IPC 8 enhancements added
NEWS 14 FEB 22
                New STN AnaVist pricing effective March 1, 2006
NEWS 15 FEB 27
NEWS 16 FEB 28
                MEDLINE/LMEDLINE reload improves functionality
NEWS 17 FEB 28
                TOXCENTER reloaded with enhancements
NEWS 18 FEB 28 REGISTRY/ZREGISTRY enhanced with more experimental spectral
                property data
NEWS 19 MAR 01 INSPEC reloaded and enhanced
                Updates in PATDPA; addition of IPC 8 data without attributes
NEWS 20 MAR 03
                X.25 communication option no longer available after June 2006
NEWS 21 MAR 08
                EMBASE is now updated on a daily basis
NEWS 22 MAR 22
                New IPC 8 fields and IPC thesaurus added to PATDPAFULL
NEWS 23 APR 03
                Bibliographic data updates resume; new IPC 8 fields and IPC
NEWS 24 APR 03
                thesaurus added in PCTFULL
NEWS EXPRESS FEBRUARY 15 CURRENT VERSION FOR WINDOWS IS V8.01a,
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NEWS EXPRESS FEBRUARY 15 CURRENT VERSION FOR WINDOWS IS V8.01a,

CURRENT MACINTOSH VERSION IS V6.0c(ENG) AND V6.0Jc(JP),

AND CURRENT DISCOVER FILE IS DATED 19 DECEMBER 2005.

V8.0 AND V8.01 USERS CAN OBTAIN THE UPGRADE TO V8.01a AT http://download.cas.org/express/v8.0-Discover/

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FILE 'HOME' ENTERED AT 11:47:14 ON 03 APR 2006

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FILE 'BIOSIS' ENTERED AT 11:47:34 ON 03 APR 2006 Copyright (c) 2006 The Thomson Corporation

=> (cad or coronary artery disease) and (bnp or brain natriuretic peptide) (CAD IS NOT A RECOGNIZED COMMAND
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=> s (cad or coronary artery disease) and (bnp or brain natriuretic peptide)
L1 473 (CAD OR CORONARY ARTERY DISEASE) AND (BNP OR BRAIN NATRIURETIC PEPTIDE)

=> s l1 and detection

L2 26 L1 AND DETECTION

=> dup rem 12

PROCESSING COMPLETED FOR L2

L3 15 DUP REM L2 (11 DUPLICATES REMOVED)

=> dis ibib abs 13 10-15

L3 ANSWER 10 OF 15 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 2003313020 EMBASE

TITLE: Abnormal laboratory results: New cardiac markers.

AUTHOR: Hickman P.E.; Potter J.M.

CORPORATE SOURCE: P.E. Hickman, Department of Chemical Pathology, Princess

Alexandra Hospital, Brisbane, QLD, Australia

SOURCE: Australian Prescriber, (2003) Vol. 26, No. 4, pp. 88-90.

Refs: 7

ISSN: 0312-8008 CODEN: AUPRFZ

COUNTRY: Australia

DOCUMENT TYPE: Journal; (Short Survey)

FILE SEGMENT: 005 General Pathology and Pathological Anatomy

018 Cardiovascular Diseases and Cardiovascular Surgery

029 Clinical Biochemistry

LANGUAGE: English SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 14 Aug 2003

Last Updated on STN: 14 Aug 2003

AB The use of cardiac troponins in the diagnosis of acute myocardial infarction has changed our understanding of coronary

artery disease. Cardiac troponins are slowly released from necrosing myocardium so they are detectable in blood for several days. This prolongs the opportunity for identifying an infarction. Cardiac troponins have therefore significantly reduced the diagnostic role of creatine kinase-MB isoenzyme. Although there is only one assay for cardiac troponin T, confusion can arise because there are different non-standardised laboratory assays for cardiac troponin I. However, the clinically important issue is the detection of troponin rather than its absolute concentration. Of other new markers high sensitivity C-reactive protein may have a role in potential risk stratification, but it is not currently recommended for routine clinical use. In the context of the future diagnosis of other cardiac conditions, the neuroendocrine hormone, B-type natriuretic peptide may have a role in the diagnosis and monitoring of cardiac failure.

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ACCESSION NUMBER: 2003318419 EMBASE

TITLE: Prevention of heart failure: Effective strategies to combat

the growing epidemic.

AUTHOR: Fonarow G.C.; Horwich T.B.

CORPORATE SOURCE: Dr. G.C. Fonarow, Ahmanson-UCLA Cardiomyopath. Center,

Division of Cardiology, The David Geffen School of

Medicine, Los Angeles, CA, United States

SOURCE: Reviews in Cardiovascular Medicine, (2003) Vol. 4, No. 1,

pp. 8-17. .

Refs: 45

ISSN: 1530-6550 CODEN: RCMEC5

COUNTRY: United States

DOCUMENT TYPE: Journal; General Review FILE SEGMENT: 006 Internal Medicine

017 Public Health, Social Medicine and Epidemiology
018 Cardiovascular Diseases and Cardiovascular Surgery

037 Drug Literature Index 038 Adverse Reactions Titles

LANGUAGE: English SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 21 Aug 2003

Last Updated on STN: 21 Aug 2003

In light of the increasing prevalence, morbidity, and mortality of heart AB failure, effective preventative strategies are urgently needed. Risk factors for heart failure include coronary artery disease and other atherosclerotic vascular diseases, hypertension, diabetes, renal insufficiency, obesity, and family history of cardiomyopathy. Essential strategies for prevention of heart failure are modification of risk factors for heart failure development; comprehensive hypertension, atherosclerosis, and diabetes treatment; and detection and treatment of asymptomatic left ventricular dysfunction. The B-type natriuretic peptide assay may aid in identifying asymptomatic left ventricular dysfunction in patients with risk factors for heart failure. In patients with hypertension, atherosclerosis, and/or diabetes, angiotensin-converting enzyme inhibitor,  $\beta$ -blocker, aspirin, and statin therapy can prevent progression to symptomatic heart failure. Avoidance of calcium channel-blockers as first-line antihypertensive therapy can also reduce the risk of heart failure. There remain substantial opportunities to improve implementation of therapies proven to prevent heart failure in the large number of patients at risk. .COPYRGT. 2003 MedReviews, LLC.

L3 ANSWER 12 OF 15 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN

ACCESSION NUMBER: 2004:55020 BIOSIS DOCUMENT NUMBER: PREV200400051897

TITLE: Detection of ischemia by exercise-induced

increase in natriuretic peptides.

AUTHOR(S): Foote, Robert S. [Reprint Author]; Pearlman, Justin D. [Reprint Author]; Siegel, Alan H. [Reprint Author];

Lavalley, Kimberly [Reprint Author]; Yeo, Kiang-Teck J.

[Reprint Author]

CORPORATE SOURCE: Dartmouth Hitchcock Med Cntr, Lebanon, NH, USA

SOURCE: Circulation, (October 28 2003) Vol. 108, No. 17 Supplement,

pp. IV-491-IV-492. print.

Meeting Info.: American Heart Association Scientific Sessions 2003. Orlando, FL, USA. November 09-12, 2003.

American Heart Association. ISSN: 0009-7322 (ISSN print).

DOCUMENT TYPE: Conference; (Meeting)

Conference; Abstract; (Meeting Abstract)

LANGUAGE: English

ENTRY DATE: Entered STN: 21 Jan 2004

Last Updated on STN: 21 Jan 2004

L3 ANSWER 13 OF 15 MEDLINE on STN DUPLICATE 5

ACCESSION NUMBER: 2001299147 MEDLINE
DOCUMENT NUMBER: PubMed ID: 11382689
TITLE: Plasma brain natriuretic

peptide levels in chronic hemodialysis patients:

influence of coronary artery

disease.

AUTHOR: Nishikimi T; Futoo Y; Tamano K; Takahashi M; Suzuki T;

Minami J; Honda T; Uetake S; Asakawa H; Kobayashi N;

Horinaka S; Ishimitsu T; Matsuoka H

CORPORATE SOURCE: Department of Hypertension and Cardiorenal Medicine, Dokkyo

University School of Medicine, Mibu, Tochigi, Japan..

nishikim@dokkyomed.ac.jp

SOURCE: American journal of kidney diseases : the official journal

of the National Kidney Foundation, (2001 Jun) Vol. 37, No.

6, pp. 1201-8.

Journal code: 8110075. E-ISSN: 1523-6838.

PUB. COUNTRY: United States

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 200106

ENTRY DATE: Entered STN: 20010702

Last Updated on STN: 20010702 Entered Medline: 20010628

BNP levels in HD patients with CAD were significantly

AB A noninvasive biochemical testing method for early detection and monitoring the condition of cardiac complications in hemodialysis (HD) patients would be useful and might lead to improved survival. The aim of this study is to clarify the pathophysiological significance of plasma brain natriuretic peptide (BNP)

levels in HD patients with and without coronary artery disease (CAD). We measured plasma atrial natriuretic peptide (ANP) and BNP levels on Monday, Wednesday, and Friday before and after HD in 28 consecutive patients who underwent HD three times weekly. In addition, we measured plasma ANP and BNP levels in 21 HD patients with CAD and 27 HD patients without CAD and studied the relationships between BNP levels and cardiac function and clinical variables. Plasma ANP levels significantly decreased after HD on Monday, Wednesday, and Friday, and predialysis plasma ANP levels on Monday were significantly greater than those on other days. Plasma BNP levels did not change after HD on Monday; however, they significantly decreased after HD on Wednesday and FRIDAY: Predialysis plasma BNP levels on Monday were greater than those on other days, and postdialysis plasma BNP levels on Monday were greater than predialysis plasma BNP levels on WEDNESDAY: Plasma

greater than those in HD patients without CAD and significantly correlated with left ventricular (LV) ejection fraction (r = -0.69), end-diastolic volume index (r = 0.59), and end-systolic volume index (r = 0.84) determined by left ventriculography. Conversely, plasma BNP levels in HD patients without CAD significantly correlated with LV mass index (r = 0.54) determined by echocardiography and mean systolic blood pressure (r = 0.72) determined by 48-hour ambulatory blood pressure monitoring. These results suggest the following: (1) plasma BNP levels before and after HD in chronic HD patients directly correlate with the degree of body fluid retention, and the day of the week on which the sample is obtained should be considered for its evaluation; (2) plasma BNP levels reflect LV function in HD patients with CAD; and (3) plasma BNP levels reflect LV mass and blood pressure in HD patients without CAD.

L3 ANSWER 14 OF 15 MEDLINE on STN DUPLICATE 6

ACCESSION NUMBER: 2001184789 MEDLINE DOCUMENT NUMBER: PubMed ID: 11174339

TITLE: Evidence of cardiac myolysis in severe nonischemic heart failure and the potential role of increased wall strain.

AUTHOR: Logeart D; Beyne P; Cusson C; Tokmakova M; Leban M; Guiti

C; Bourgoin P; Solal A C

CORPORATE SOURCE: Department of Cardiology, Beaujon Hospital, 100 Bd Gal

Leclerc, 92110 Clichy, France.

SOURCE: American heart journal, (2001 Feb) Vol. 141, No. 2, pp.

247-53.

Journal code: 0370465. ISSN: 0002-8703.

PUB. COUNTRY: United States

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: English

FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals

ENTRY MONTH: 200103

ENTRY DATE: Entered STN: 20010404

Last Updated on STN: 20010404

Entered Medline: 20010329

BACKGROUND: Myocyte death could play a role in heart failure (HF) AΒ irrespective of the presence of coronary artery disease. The study aimed to assess this hypothesis by use of the cardiac troponin I (cTnI) assay. METHODS AND RESULTS: Seventy-one patients with nonischemic HF, New York Heart Association (NYHA) class II-IV, with a normal coronary angiogram and after exclusion of myocardiopathies were evaluated in the study. The control group included 9 healthy subjects and 15 patients hospitalized for severe noncardiac dyspnea. Cardiac TnI concentrations were determined at admission with a research reagent (cTnIus) characterized by a detection limit of 0.026 ng/mL and a high analytic sensitivity of 0.002 ng/mL. cTnIus levels were more than 0.026 ng/mL in 19 HF patients, ranging between 0.027 and 0.463 ng/mL, whereas no cTnIus level was detectable in the control group. With use of a reference assay, only 2 HF patients had abnormal cTnI values. Severe HF was observed in 17 of these 19 patients, assessed by NYHA class IV or by the presence of pulmonary edema. Patients with an increased cTnIus level had a more restrictive mitral Doppler pattern (P <.001) and a more distinctive left ventricular (LV) concentric remodeling (P <.0001), whereas LV ejection fraction was similar in both HF groups. The increased cTnIus level was also associated with a LV wall strain biologic marker (ie, an increased brain natriuretic peptide plasma level) (P <.001). CONCLUSIONS: cTnI assay is a promising biochemical method for detecting cardiac myolysis in HF, independent of the presence of coronary artery disease. This subtle myolysis could be in part related to the severely increased LV wall strain.

L3 ANSWER 15 OF 15 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN

ACCESSION NUMBER: 2000:410895 BIOSIS DOCUMENT NUMBER: PREV200000410895

TITLE: Circulating interleukin-6 and interleukin-6 receptors in

patients with acute and recent myocardial infarction. Kanda, Tsugiyasu [Reprint author]; Inoue, Masahiro;

Kotajima, Nobuo; Fujimaki, Shuku; Hoshino, Yoichi;

Kurabayashi, Masahiko; Kobayashi, Isao; Tamura, Jun'ichi CORPORATE SOURCE: Department of General Medicine, Gunma University School of

Medicine, 3-39-15 Showa-machi, Maebashi, 371-8511, Japan

SOURCE: Cardiology, (August, 2000) Vol. 93, No. 3, pp. 191-196.

print.

CODEN: CAGYAO. ISSN: 0008-6312.

DOCUMENT TYPE: Article LANGUAGE: English

AUTHOR (S):

ENTRY DATE: Entered STN: 27 Sep 2000

Last Updated on STN: 8 Jan 2002

Interleukin-6 (IL-6), a proinflammatory cytokine, plays a key role in the AB pathogenesis of coronary artery disease ( CAD). We investigated circulating IL-6 and its receptors in patients with CAD. We evaluated 39 Japanese patients with CAD (30 males and 9 females aged 36-79 years), measuring their plasma levels of IL-6 and IL-6 receptors alpha and beta (IL-6Ralpha, IL-6Rbeta). Circulating levels of IL-6, IL-6Ralpha and IL-6Rbeta were measured by an enzyme-linked immunosorbent assay. Blood was sampled immediately after admission and again after 1, 2, 3, 6 and 9 h, then every 12 h for 5 days. Atrial natriuretic peptide (ANP) and B-type natriuretic peptide (BNP) were measured on day 3 after symptom onset. Plasma levels of IL-6 and IL-6Rs were significantly increased in 28 patients with acute myocardial infarction (AMI) compared with 15 normal controls. However, neither IL-6 nor IL-6Rs showed an increase in 6 patients with angina pectoris. We observed two peaks for circulating IL-6 in AMI, the first of which showed a significant correlation with ANP as well as BNP. These results may help to explain why the amount of IL-6 produced is closely related to the severity of myocardial

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LAST RELOADED: Mar 31, 2006 (20060331/UP).

dysfunction in patients with CAD.

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FILE 'MEDLINE, EMBASE, CAPLUS, BIOSIS' ENTERED AT 11:47:34 ON 03 APR 2006
L1 473 S (CAD OR CORONARY ARTERY DISEASE) AND (BNP OR BRAIN NATRIURETI
L2 26 S L1 AND DETECTION

L3 15 DUP REM L2 (11 DUPLICATES REMOVED)

FILE 'STNGUIDE' ENTERED AT 11:51:51 ON 03 APR 2006

=> dis ibib 13 1-10
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(Y)/N:y

ANSWER 1 OF 15 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights L3

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ACCESSION NUMBER: 2006050512 EMBASE

[Role of B-type natriuretic peptide in cardiovascular TITLE:

disease].

ZNACZENIE PEPTYDU NATRIURETYCZNEGO TYPU B W SCHORZENIACH

UKLADU KRAZENIA.

Juszczyk Z. **AUTHOR:** 

Z. Juszczyk, ul. Moniuszki 6, 48-210 Biala Prudnicka, CORPORATE SOURCE:

Advances in Clinical and Experimental Medicine, (2005) Vol. SOURCE:

14, No. 6, pp. 1277-1282. .

Refs: 39

ISSN: 1230-025X CODEN: ACEMC6

Poland COUNTRY:

Journal; General Review DOCUMENT TYPE:

General Pathology and Pathological Anatomy FILE SEGMENT: 005

> 018 Cardiovascular Diseases and Cardiovascular Surgery

Clinical Biochemistry 029

LANGUAGE: Polish

SUMMARY LANGUAGE: Polish; English

Entered STN: 3 Mar 2006 ENTRY DATE:

Last Updated on STN: 3 Mar 2006

ANSWER 2 OF 15 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights L3

reserved on STN

ACCESSION NUMBER: 2005503429 EMBASE

Markers of cardiac ischemia and inflammation. TITLE:

AUTHOR: Wang T.Y.; AlJaroudi W.A.; Newby L.K.

Dr. L.K. Newby, Duke Clinical Research Institute, P.O. Box CORPORATE SOURCE:

17969, Durham, NC 27715-7969, United States.

newby001@mc.duke.edu

Cardiology Clinics, (2005) Vol. 23, No. 4, pp. 491-501. . SOURCE:

Refs: 89

ISSN: 0733-8651 CODEN: CACLE3

S 0733-8651(05)00062-7 PUBLISHER IDENT.:

COUNTRY:

United States

DOCUMENT TYPE:

Journal; Article

Cardiovascular Diseases and Cardiovascular Surgery FILE SEGMENT: 018

> 030 Pharmacology

Drug Literature Index 037

LANGUAGE: English

SUMMARY LANGUAGE: English

Entered STN: 8 Dec 2005 ENTRY DATE:

Last Updated on STN: 8 Dec 2005

ANSWER 3 OF 15 MEDLINE on STN DUPLICATE 1 L3

2004616581 MEDLINE ACCESSION NUMBER: PubMed ID: 15476436 DOCUMENT NUMBER:

Cardiac natriuretic peptides for cardiac health. TITLE:

AUTHOR: Rademaker Miriam T; Richards A Mark

Christchurch Cardioendocrine Research Group, Department of CORPORATE SOURCE:

Medicine, The Christchurch School of Medicine and Health Sciences, Christchurch, New Zealand..

miriam.rademaker@chmeds.ac.nz

Clinical science (London, England: 1979), (2005 Jan) Vol. SOURCE:

108, No. 1, pp. 23-36. Ref: 105

Journal code: 7905731. ISSN: 0143-5221.

PUB. COUNTRY: England: United Kingdom

Journal; Article; (JOURNAL ARTICLE) DOCUMENT TYPE:

General Review; (REVIEW)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 200501

ENTRY DATE: Entered STN: 20041220

Last Updated on STN: 20050202 Entered Medline: 20050131

L3 ANSWER 4 OF 15 CAPLUS COPYRIGHT 2006 ACS on STN

ACCESSION NUMBER: 2004:799455 CAPLUS

DOCUMENT NUMBER: 141:307539

TITLE: Use of BNP during stress testing for the

detection and risk stratification of individuals with suspected coronary

artery disease

INVENTOR(S): Zoghbi, William A.; Win, Htut Kyaw

PATENT ASSIGNEE(S): Baylor College of Medicine, USA

SOURCE: PCT Int. Appl., 45 pp. CODEN: PIXXD2

DOCUMENT TYPE: Patent

LANGUAGE: English

FAMILY ACC. NUM. COUNT: PATENT INFORMATION:

APPLICATION NO. DATE KIND DATE PATENT NO. \_\_\_\_\_ -----\_\_\_\_\_ ----20040930 WO 2004-US8645 A2 20040319 WO 2004082639 W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW RW: BW, GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ,

RW: BW, GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN,

TD, TG

PRIORITY APPLN. INFO.: US 2003-455928P P 20030319

L3 ANSWER 5 OF 15 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 2005017467 EMBASE

TITLE: Elevated concentrations of cardiac troponins are associated

with severe coronary artery calcification in asymptomatic

haemodialysis patients.

AUTHOR: Jung H.H.; Ma K.R.; Han H.

CORPORATE SOURCE: Dr. H.H. Jung, Department of Internal Medicine, Kangwon

National University Hospital, Hyoja-3-dong 17-1, Chunchon

200-093, Korea, Republic of. haehyuk@kangwon.ac.kr

SOURCE: Nephrology Dialysis Transplantation, (2004) Vol. 19, No.

12, pp. 3117-3123. .

Refs: 20

ISSN: 0931-0509 CODEN: NDTREA

COUNTRY: United Kingdom DOCUMENT TYPE: Journal; Article

FILE SEGMENT: 006 Internal Medicine

018 Cardiovascular Diseases and Cardiovascular Surgery

028 Urology and Nephrology

LANGUAGE: English SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 20 Jan 2005

Last Updated on STN: 20 Jan 2005

2004569674 MEDLINE ACCESSION NUMBER: PubMed ID: 15542280 DOCUMENT NUMBER:

Detection of exercise-induced ischemia by changes TITLE:

in B-type natriuretic peptides.

Foote Robert S; Pearlman Justin D; Siegel Alan H; Yeo AUTHOR:

Kiang-Teck J

Department of Medicine, Dartmouth Hitchcock Medical Center, CORPORATE SOURCE:

Lebanon, New Hampshire 03756, USA.. rsf@hitchcock.org

Journal of the American College of Cardiology, (2004 Nov SOURCE:

16) Vol. 44, No. 10, pp. 1980-7.

Journal code: 8301365. ISSN: 0735-1097.

PUB. COUNTRY: United States

DOCUMENT TYPE: (EVALUATION STUDIES)

Journal; Article; (JOURNAL ARTICLE)

English LANGUAGE:

Abridged Index Medicus Journals; Priority Journals FILE SEGMENT:

ENTRY MONTH: 200412

Entered STN: 20041116 ENTRY DATE:

> Last Updated on STN: 20041220 Entered Medline: 20041202

ANSWER 7 OF 15 CAPLUS COPYRIGHT 2006 ACS on STN L3

2004:281847 CAPLUS ACCESSION NUMBER:

DOCUMENT NUMBER: 141:222566

Plasma cardiac natriuretic peptide levels in screening TITLE:

for cardiac disease

Nicholls, M. Gary; Obineche, Enyioma N.; Frampton, AUTHOR (S):

Christopher M.; Richards, A. Mark

Faculty of Medicine and Health Sciences, Department of CORPORATE SOURCE:

Internal Medicine, United Arab Emirates University, Al

Ain, United Arab Emirates

American Journal of Medicine (2004), 116(8), 561-563 SOURCE:

CODEN: AJMEAZ; ISSN: 0002-9343

Excerpta Medica, Inc. PUBLISHER: Journal; General Review DOCUMENT TYPE:

English LANGUAGE:

L3

19 THERE ARE 19 CITED REFERENCES AVAILABLE FOR THIS REFERENCE COUNT: RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

DUPLICATE 3

ANSWER 8 OF 15 2004088957 MEDLINE ACCESSION NUMBER: PubMed ID: 14978429 DOCUMENT NUMBER:

[New biological markers for acute coronary TITLE:

MEDLINE on STN

artery disease].

Nouveaux marqueurs biologiques des syndromes coronariens

aigus.

Meune C; Martins E; Fulla Y; Bergmann J F; Devaux J Y; AUTHOR:

Mourad J J

CORPORATE SOURCE: Service de Cardiologie, Hopital Cochin, 27, rue du Fg

St-Jacques, 75014 Paris.. christophe.meune@cch.ap-hop-

paris.fr

Journal des maladies vasculaires, (2003 Dec) Vol. 28, No. SOURCE:

5, pp. 251-7. Ref: 40

Journal code: 7707965. ISSN: 0398-0499.

PUB. COUNTRY: France

Journal; Article; (JOURNAL ARTICLE) DOCUMENT TYPE:

General Review; (REVIEW)

LANGUAGE: French

FILE SEGMENT: Priority Journals

ENTRY MONTH: 200405

Entered STN: 20040224 ENTRY DATE:

> Last Updated on STN: 20040506 Entered Medline: 20040505

MEDLINE on STN **DUPLICATE 4** T.3 ANSWER 9 OF 15

2003298861 MEDLINE ACCESSION NUMBER: PubMed ID: 12826770 DOCUMENT NUMBER:

High incidence of elevated B-type natriuretic peptide TITLE:

levels and risk factors for heart failure in an unselected

at-risk population (stage A): implications for heart

failure screening programs. Silver Marc A; Pisano Carol

Heart Failure Institute, Advocate Christ Medical Center, CORPORATE SOURCE:

Oak Lawn, IL 60453, USA.. marc.silver@advocatehealth.com Congestive heart failure (Greenwich, Conn.), (2003 May-Jun)

SOURCE:

Vol. 9, No. 3, pp. 127-32. Journal code: 9714174. ISSN: 1527-5299.

United States PUB. COUNTRY:

Journal; Article; (JOURNAL ARTICLE) DOCUMENT TYPE:

LANGUAGE: English

AUTHOR:

Priority Journals FILE SEGMENT:

ENTRY MONTH: 200308

Entered STN: 20030627 ENTRY DATE:

> Last Updated on STN: 20030805 Entered Medline: 20030804

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2003313020 EMBASE ACCESSION NUMBER:

Abnormal laboratory results: New cardiac markers. TITLE:

Hickman P.E.; Potter J.M. AUTHOR:

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